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ABSTRACT

Project objectives were to train 10 nurses from hospitals in the Four Corners Area in rural critical care nursing, to have a training director organize and coordinate the project, and to utilize the replacement nurse concept. The course curriculum was determined through a needs assessment survey conducted by a team of health professionals from Arizona universities, and on-site clinical visits made to participating hospitals to discuss curriculum content with the nursing director and prospective trainee. Eleven nurses (9 RNs and 2 LPNs) took the 2-week course in Albuquerque, New Mexico. Ten were replaced by project-hired nurses. Since the eleventh nurse was the nursing director from Zuni, no replacement was hired. Six nurses were Navajo, one was a Pueblo Indian, and four were Anglo. Two groups of five nurses each attended the course on alternating weeks. Subjective and objective evaluations were conducted through pre- and posttests, and questionnaires given to the trainees, nursing directors from the participating hospitals, and the replacement nurses. After the course was completed, the training director, replacement nurses, nursing directors, and trainees met to evaluate the project's effectiveness. Overall, everyone felt the project had been effective. Appendices include a list of participating rural hospitals, nurse trainees, and replacement nurses' rotation assignments; results of the trainees' self-assessment of skills; and the various evaluation forms. (NQ)

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Rural Critical Care Nurse Training Project - Four Corners Area

November 14, 1975

New Mexico Regional Medical Program
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Report on Rural Critical Care Nurse Training Project - Four Corners

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July 1, 1975 to September 26, 1975

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Report on Rural Critical Care Nurse

Training Project - Four Corners

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I. Introduction

Because of the success of the New Mexico Regional Medical Program's Rural Critical Care Nurse Training Project, the Navajo Health Authority/AHEC requested that NMRMP conduct a similar project for the Four-Corners Area, including Indian Health Service Units. Since the hospitals located in the Four-Corners Area are rural and experience the same problems of limited staffing and financial resources as those hospitals who participated in the New Mexico project, it was felt that such a course would be beneficial for the Four-Corners Area.

The need for continuing education in critical care nursing for the Four-Corners Area was established by a needs assessment survey which was conducted in the fall of 1974, by a team of health professionals from Arizona universities. Much of the data collected from that survey was used in developing the course content for the Rural Critical Care Nurse Training Course.

Following sections of this report outline the objectives of the course, methodology and the evaluation results.

II. Objectives

A. To train ten nurses from hospitals in the Four-Corners Area in rural critical care nursing

B. To have a training director organize and coordinate the project

C. To utilize the replacement nurse concept

III. Methodology and Course Content

A. A two-week course in critical care nursing was developed. Eleven nurses were selected to take the course and traveled to Albuquerque for the instruction. One of the nurses was the director of nursing from Zuni and did not need a replacement nurse; therefore, ten nurses were replaced by nurses hired by the project. Ten of the eleven nurse trainees completed both weeks of the course. Four nurses were Anglo, six were Navajo, and one was a Pueblo Indian. Nine of the nurses were RNs and two were LPNs.

   Two groups of five nurses each attended the course on alternating weeks. Therefore, it took four weeks for the course to be completed. The course began on August 18, 1975 and was completed by September 12, 1975.

B. While each nurse was in Albuquerque for the course, a replacement nurse hired by the project, worked in the rural hospital and assumed the responsibilities of the nurse trainee. (See Appendix I for the list of participating hospitals, names of nurse trainees and replacement nurses' rotation assignments.)

The replacement nurses were hired two weeks before the course began on August 4, 1975 and were oriented to their role. The first week was spent in Albuquerque. (See Appendix II for the orientation schedule.) The second week they visited their two hospital assignments for orientation.

Many benefits of using replacement nurses were discovered in the New Mexico project and led to their inclusion in this project.

C. As previously mentioned, the needs assessment survey team listed several topics relating to trauma, critical care and emergency care that were priorities in this curriculum. Before the course began, the training director and the director of continuing education for nursing for the Navajo Health Authority in Window Rock, Arizona made on-site clinical visits to the participating hospitals to discuss curriculum content with the director of nursing and prospective nurse trainee. During this time, suggestions were made which were of great assistance in developing a two-week course which responded to the nurse trainees' needs for continuing education in critical care nursing. The following is an outline of the two-week course:

Week I

Didactic:

A & P Respiratory System	1 hr.
Pathophysiology of Respiratory System and Arrest	2 1/2 hrs.
Respiratory Assistance	5 hrs.
A & P of Heart	1 hr.
Pathophysiology of Heart	1 1/2 hrs.
Introduction to EKG Interpretation	1 1/2 hrs.
Life-Threatening Arrhythmias	2 hrs.
CPR and Defibrillation	3 hrs.
12 Lead EKG	1 hr.
Shock, Fluid Replacement, CVP Monitoring, I & O, Review techniques for starting IV's	2 1/2 hrs.
Triage, Prioritize Care	1 1/2 hrs.
Trauma (Head, Chest, Abdominal, Multi-Trauma)	7 hrs.
ER Management	1 1/2 hrs.

Clinical:

CCU, SICU, MICU	4 hrs.

Week II

Didactic:

Orthopedic Trauma	3 hrs.

Environmental Injuries (Bites, Stings, Poisonings, Burns, Overexposure)	5 hrs.
Drug Overdose	2 hrs.
Acute Alcoholism	1 1/2 hrs.
OB Emergencies	4 hrs.
Neonatal Emergencies	4 hrs.
Pediatric Emergencies	3 hrs.
Diabetes (Insulin Shock and Diabetic Ketoacidosis)	1 hr.

Clinical:

Burn and Trauma Unit (BCMC)	2 hrs.

IV. Evaluation

A. Nurse Trainees

1. Objective evaluation of nurse trainees

Written examinations were given during both weeks of the course. A pre-test was given at the beginning of each week and the same test was given again at the end of the week. The pre-test average was 49 percent correct and the post-test average for the class was 78 percent correct. The nurses had to successfully demonstrate how to perform the skills taught during the course on models.

2. Subjective evaluation by the nurse trainee

a. Pre-course self assessment

A questionnaire was completed by each nurse before she took the course. This was done in order to determine the nurses' level of performance of skills that would be taught in the course. The results of the pre-course assessment can be compared with the results of the post-course evaluation. (See Appendix III for the pre-course self-assessment results.)

b. Weekly course evaluation

At the end of each week, the nurse trainees completed an evaluation form on the material that was presented. These evaluations provided feedback about the quality of instruction for each topic taught. Results from this type of evaluation are helpful in planning future courses.

c. Post-course evaluation

A post-course evaluation form was completed by

each nurse trainee at the end of the second week of the course. (See Appendix IV for post-course evaluation form.) This is a very short-term follow-up of the course and it is recommended that this type of evaluation be done again six months after completion of the course. Part I of the evaluation asked general questions relating to the course. The first question asked the trainees why they enrolled and what they hoped to gain from the course. Three said they were selected by their in-service director or director of nursing. The others generally said that they hoped to learn more about trauma, new techniques, organization of the ER. Two specifically mentioned that they wanted to learn more so they could go back and teach others on the staff.

The second question asked how well the course fulfilled their expectations. Nine indicated to a large extent, one said only partially.

Question three asked them to indicate the worst and best features of the course. The most difficult aspect of the course was having the two weeks separated. Half of the nurses said they would have preferred completing the course in two successive weeks rather than coming back to Albuquerque on alternating weeks. Another bad feature mentioned was having evening classes. Three evening classes had to be scheduled during the week of September 1 to 5 because Monday was the Labor Day Holiday. Overall, the responses to the best features of the course were:

1) The high quality of the instruction;
2) The pertinence of information presented to clinical practice:
3) The tours of the critical care areas in the hospital, and observation of the use of different types of equipment; and
4) The challenging nature of the course.

Question four asked how the course has been or could be helpful on the job or in everyday living. It is probably too soon to evaluate the responses to this question. Most of the trainees indicated that the course will be helpful on the job, but did not state any specifics. More valid answers could probably be obtained in six months.

Question five asked the nurse trainees if they would be responsible for doing any in-service in their hospital as a result of taking this course.

Nine indicated they would. One said no, but that she would be making suggestions and assisting.

Question six asked if they would prefer coming to Albuquerque for instruction or to have a training team go to their area for future courses. Eight said they thought a team coming to their area would be better because more people could attend. Two said it was better to come to Albuquerque because more teaching resources are available and it is good to see what is going on in different places. (More discussion on this question is included under the post-course conference section.)

Question seven asked if too much material had been included during the two weeks. Most of the trainees indicated that a lot of information was covered, but that it was all necessary. One said she felt it would have been better to spread the course out over three weeks.

Question eight asked for additional comments on the course. Overall, the nurses enjoyed the course, except for coming on alternate weeks.

Part II of the post-course evaluation asked the nurse trainees to evaluate the lecture portion of the course. (See Appendix V for results.) For the most part, the trainees felt adequate time was spent on each lecture. There are still some skills that half or more of the groups indicated they hadn't mastered in the time available. These include: recognition of life-threatening arrhythmias; listening to lung sounds; and use of the Bird or Bennett respirator.

B. Subjective Evaluation by the Rural Directors of Nursing

The directors of nursing from the eleven hospitals participating in the project were asked to fill in an evaluation form. (See Appendix VI for an example of this form.) All eleven directors of nursing returned the forms. This form was completed at the end of September, 1975, and was a very short-term evaluation. It was difficult for them to respond adequately to some of the questions. Such an evaluation should be obtained from the directors of nursing again after six months. However, interesting comments were made and this section of the report will summarize the responses.

The following responses were made by the directors of nursing concerning changes the nurse trainee was able to institute while taking the course:

1. Offered ideas in ER set-up and offered ideas on ongoing CPR in-service
2. Explained the mechanical workings of the Bird respirator and taught rest of staff how to use it
3. Demonstrated the ability to handle an emergency situation involving a patient having an acute MI
4. Seems more aggressive, enthusiastic and eager to share knowledge

The following comments were made concerning the utilization of the nurse trainee now that the course is completed.

1. Assist in doing in-service sessions (8 responses)
2. Assigned to cover the ER more frequently
3. Too soon to comment

The next five questions pertain to the replacement nurse's role. The following responses indicate how the replacement nurse influenced the operation of the hospital:

1. Conducted class in problem oriented records
2. Offered ideas on improving clinic function
3. Gave good suggestions to nursing staff concerning patient care and set an excellent example in her approach to patients (2 responses)
4. Managed the operation of the unit she was assigned very well
5. Conducted a class on rhythm strips and provided ideas on ER set-up, physician and staff support

There were no problems mentioned by the directors of nursing in scheduling the replacement nurses. One problem encountered by one hospital in having a replacement nurse is worth noting. The temporary licenses from the Arizona Board of Nursing for one of the replacement nurses did not arrive at the hospital until the end of the first week that the replacement nurse was working there. The Arizona Board of Nursing indicated that the licenses would be issued immediately upon the receipt of the application. The applications were sent in early enough, therefore it is difficult at this time to determine how this problem could have been avoided.

While the replacement nurses were working in the hospitals, the rest of the hospital staff reacted very favorably to having them there. These are the comments made by the directors of nursing:

1. Fit in like one of the family
2. The medical staff seemed pleased to have a nurse doing tasks usually done by physicians in this facility
3. The staff would turn to the replacement nurse for suggestions and demonstration

4. The staff was impressed with her ability to fit so well into the situation
5. Accepted her as one of our own staff members

Seven of the directors of nursing stated that it would have been very difficult to have participated in the project without a replacement nurse. Three mentioned that they could have arranged the schedule adequately to allow a nurse time off without being short staffed. The other evaluation form returned does not apply, as that hospital did not have a replacement nurse.

All of the directors of nursing stated that they would like to participate in this course if it is offered again.

C. The Replacement Nurse Evaluation

The replacement nurses evaluated this project by completing a general overview form and an evaluation of each hospital assignment. (See Appendices VII and VIII for examples of those forms.)

1. General overview of role

The replacement nurses evaluated the project by giving a general overview of their role. Each impression is not applicable to every hospital. Five questions were posed on the general overview.

The first question asked the replacement nurses to explain any role differentiation between the reservation health system and urban hospitals. Comments included:

a. "Most reservation facilities must transport critically-ill patients to other hospitals."
b. "There is a lack of specialization in nursing areas and the reservation nurse functions broadly in medical-surgical, pediatrics, OB, as well as emergency coverage."
c. "It was felt that most reservation nurses need to update their skills and increase their knowledge to be more assertive."

The second question asked them to list the positive aspects of their role. They replied that there were opportunities for:

a. Serving as an objective resource in identifying problems in each facility and offering new and different insights,
b. Bridging hierarchical gaps among staff because the replacement nurse is not part of the government system and has more mobility,
c. Facilitating the return of the nurse trainee in the use of her expanded role,
d. Gaining more awareness of problems encountered

by Indian people, and
e. Monetary rewards.

The third question asked them to describe the negative aspects of their role. These included:

a. Time limitation interfering with feedback and evaluation of total program (i.e., trainee in expanded role, in-service done.),
b. Not being part of the reservation/health system was confusing, confining, and limiting in not knowing politics and policies,
c. A great communication barrier in being unfamiliar with Indian languages,
d. Both social and personal isolation, not feeling like part of the mainstream, being away from friends,
e. Fatigue resulting from working in an unfamiliar facility doing nursing functions, preparing and giving in-service and travel,
f. Limited communication with New Mexico Regional Medical Program since most of the time on the project was spent working out of town, and
g. A conflict with replacement nurses' expectations of being a resource versus view held at times by participating facility as being a helping hand.

The fourth question dealt with their overall impressions of the project and asked for suggestions for changes. The nurses felt this was a well-organized program whose goals and objectives guided all involved. The entire project, including use of replacement nurses is a necessary vehicle for bringing critical-care concepts into the Four-Corners Area; it initiated "the opening of doors."

Suggestions for changes included:

a. More communication between replacement nurse and home office in Albuquerque.
b. If a one-month project were repeated, replacement nurses prefer a two consecutive week stay at each assignment to facilitate continuity.
c. Include in RMP orientation:

   (1) Individual assessment of each nurse's skills based on the varied functions needed for this particular position, and
   (2) Overview of interdisciplinary reservation health workers and emergency transport system.
d. Allow time off during forty hour work week to do in-service.
e. Set policy that replacement nurse work day shift.
f. More in-depth discussion of Indian language and culture.
g. An advance on the salary to assist with traveling

and living expenses since it is difficult to establish credit away from home. (Per diem and mileage costs are reimbursed after the event by University policy, thereby initially requiring payment of expenses by the nurse.)

The fifth question asked them if they would consider being a replacement nurse again. The nurses felt their enthusiasm in assuming a new role beneficial to the project and participating hospitals, but some felt it would not be beneficial to repeat because of the instability and frustrations that developed.

Two of the nurses have done this before. They feel they could not do it again because they have reached a peak regarding the project's benefit for them.

One nurse would repeat the position with specific role clarification and better monetary arrangements.

All would recommend it to a friend because of the uniqueness of the experience and the increase in personal growth.

2. Replacement nurses' evaluation of each hospital assignment

The first question dealt with the initial orientation by the hospital.

Five hospitals gave a good orientation, five gave a weak one. The nurses generally agree that the orientation session didn't have to be intensive, since most nurses worked days and had others to turn to when necessary. The opportunity to spend time with the nurse trainee in her clinical area before the course is beneficial, and is a useful way to explore in-service needs with the staff.

The second question explored the replacement nurses' feelings of acceptance. All felt accepted by the medical and nursing staffs and administrators. Language posed a communication barrier, particularly with older patients.

The third question dealt with restrictions in the role. One nurse felt restricted and confined. One felt conflict with her expectations because she had to work evenings. Another felt restricted because most of her time was spent improvising, because needed equipment wasn't available, or struggling with obsolete equipment.

The fourth question asked them to consider their influence on the operation of the hospital. All felt they influenced the facilities by stimulating thought and offering progressive nursing. They improved crash carts, fixed and taught the

use of a respirator that wasn't used before, and shared ideas regarding emergency department reorganization.

The fifth question concerned feedback on the impact of the nurse trainee after the course. Overall, an effective evaluation was hindered by time limitation. Some of the participating hospitals offered no feedback about the trainees to the replacement nurses. In one hospital, two physicians commented on the demonstrated improvement in the nurse trainee's function in emergency situations. In another hospital, the nurse trainee conducted two in-service classes on CPR. Her director plans to work with her in drawing from the course curriculum for continued in-service on a regular basis.

The sixth question asked for documentation of in-service done by the replacement nurse. There were numerous informal, one-to-one in-services performed.

Formal in-services covered the following:

a. Bird respirator
b. Post-op care
c. Problem oriented medical record - charting with S.O.A.P. format
d. Stocking a crash cart
e. Initial management of emergency patient
f. Use of chest tubes
g. Assessment of obstetrical patient (in labor)
h. Cardiac arrthymias

The replacement nurses identified needed areas for in-service which they would have offered if time had allowed. These areas spanned the subject matter in the critical care course, particularly fractures, neurological problems, alcoholism, surgical management, and transport of patients.

In response to the seventh question, all the nurses felt useful in stimulating on-going education for other levels (i.e., nurses aides, LPN's, EMT's).

The eighth question dealt with continuing education.

a. Except for one hospital, the remoteness of location hinders the availability of continuing education
b. Interest in continuing education was rated high in five (5) of the facilities, moderate in four (4), and apathetic in one.
c. Difficulties identified in obtaining continuing education included: lack of funds, long distances, poor road conditions, family obligations, shortage of staff, bureaucracy, and attitudes. Relevance of material and pertinence to facilities' actual needs were also mentioned as problems.

d. Seven (7) in-services were attended. Four (4) were considered to be good and well attended. One (1) was considered well presented and attended, but specifically geared to physician diagnosis and treatment. Two (2) were considered poor because of level of presentation and lack of opportunity for participation by those attending.

The last question explored impressions of the community. Socially, Indians and non-Indians seemed to be separate groups with no intermingling. Two exceptions were identifed. There were mixed feelings regarding the replacement nurses' impression of the social life and all felt some degree of isolation.

Comments concerning the community health medics and the EMS system were mixed. In some instances, it was viewed as an excellent system. One nurse felt a strong need for continued teaching for EMTs by health personnel. Others felt they did not have enough time to evaluate these systems, or the influence of the nursing professional organization.

Another comment was that a number of nurses in position of responsibility seem inexperienced and unable to identify and cope with major problems. While this is not unique, it was found to be magnified in these area settings.

D. Post-Course Conference

After the course was completed, a meeting was held in Ganado, Arizona on September 16, 1975 with the training director, replacement nurses and the directors of nursing and nurse trainees from the participating hospitals. The purpose of this meeting was to evaluate the effectiveness of the project with everyone involved. Even though the nurse trainees and the directors of nursing were asked to complete a written evaluation on the project, it was felt that it would be beneficial to have a meeting together to allow for verbal exchange on the project and discussion on continuing education needs for the future. In addition, the nurse trainees were anxious to discuss certain issues with the replacement nurses who were assigned to their hospitals. (See Appendix IX for a copy of the agenda and a list those present.)

The first issue discussed was specific problem areas with the project. The following comments were made:

1. Both weeks of the course should have been given consecutively. The nurse trainees stated that it would have been easier to have come for both weeks at one time instead of alternating weeks. They said it was difficult to readjust to the home hospital in between the course. The replacement nurses also felt that it would have been

better if they could have stayed the two weeks consecutively to provide more continuity.

2. It would have been better if the participating hospitals had advance notice of the project.

3. The directors of nursing stated that the timing of the course posed some problems. Since many of the staff members take vacation time during the summer months, it was difficult scheduling a nurse to take the course.

The second issue discussed was suggestions for change if such a course was conducted again. They were:

1. Plan course earlier in the year, such as January through May.

2. Give notice more in advance.

3. Send reading material in advance to the nurse trainee.

4. Allow more time in curriculum for respiratory and cardiac emergencies.

5. Consider doing a separate course on critical and emergency care on LPN level.

The next issue on the agenda was to assess the hospitals' needs in continuing education. All the directors of nursing indicated that more courses are needed in ER/CC nursing, but other needs exist as well. The following list was made:

1. Techniques of interviewing
2. Dermatology - especially pediatric
3. Mental Health (Psycho-Social)
4. Improving communication skills (at all levels)
5. Acute alcoholism
6. Legal aspects of nursing
7. Workshop on giving workshops
8. Management and supervisory skills
9. Coronary Care - especially practice in rhythm strip reading
10. Geriatrics
11. Management of head trauma
12. Respiratory Therapy

Methods of obtaining continuing education were discussed next. Several people said they would prefer having a teaching team come to their hospital rather than sending staff away to get continuing education. It was explained by the training director that sending a teaching team out to a rural hospital might be possible for one or two day symposia. However, the effectiveness of a longer course, such as the critical care course, would decrease considerably

if it were done by a traveling teaching team for the following reasons:

1. Higher cost - It would cost more to pay per diem mileage and teaching fees.
2. Limited availability of resources - A wide variety of teaching resources are used in Albuquerque. It is doubtful that the same people who teach in Albuquerque could afford the time to travel.

3. Limited availability of equipment - Many different types of equipment are used in teaching the critical care course. Many times that equipment is available only for one day or even part of the day.

After all the issues on the agenda were discussed, small group sessions were conducted by the replacement nurses with the nurse trainees whom they replaced and the directors of nursing.

It was found in all the discussion groups that all were enthused about upgrading their hospital and continuing the project.

1. The nurse trainees and the directors of nursing discussed the following areas that need to be implemented in their facilities:

    a. Gain physician support
    b. Develop an emergency team
    c. Have CPR review -- trainee responsibility
    d. Reorganize ER
    e. Coordinate and communicate with other health disciplines
    f. Trainees communicate to rest of staff by sharing ideas and being a future resource person
    g. Obtain needed equipment
    h. Practice disaster drills
    i. Combine nursing and medical audit
    j. Include nursing assessment in notes

2. In order for the trainee to share with other staff members, the following comments were made:

    a. She needs support from administration and supervisors
    b. She can do one to one teaching
    c. She needs to be confident in her role

3. The following suggestions for future critical care courses were:

    a. Do not conduct during holiday period
    b. Send a preview of materials to nurse trainees

c. Give nurse trainees written reading assignment to prepare for next day's work
d. Conduct a separate course for LPNs
e. Include in course content cultural adaptation to death and dying and additional time on stabilization of the critically ill patient before and during transport
f. Extend over a longer period of time to include the above topics

4. The following comments were made concerning the role of the replacement nurse:

   a. It was suggested that a resume' of her education and experiences be presented to the facilities in advance.
   b. It was expressed that the replacement nurse set a good example.

In conclusion, sending one person to the course is insufficient to implement all the objectives of the course because "those left behind" are not comfortable with the expanded role of the nurse. Therefore, it was recommended from all the group sessions that this critical care course be continued.

Having a one day meeting with everyone involved demonstrated a good way of evaluating the project and gaining additional feedback. It also gave the directors of nursing and nurse trainees an opportunity to meet each other and discuss problems common to all.

APPENDIX I

List of Participating Rural Hospitals, List of Nurse Trainees and Replacement Nurses' Rotation Assignments

Rural Critical Care Nurse

Training Project-Four Corners

Rotation Schedule

August 18-22, 1975

	Hospital	Nurse Trainee	Replacement Nurse
1.	Gallup Public Health Service Hospital P. O. Box 1337 Gallup, NM 87301	Bessie Spicer, R.N.	Cecilia Keller, R.N.
2.	Crownpoint Public Health Service Hospital Crownpoint, NM 87313	Dorothy Miller, R.N.	Susan Temple, R.N.
3.	Keams Canyon Public Health Service Hospital Keams Canyon, AZ 86034	Susan Cody, R.N.	Sharon Stadel, R.N.
4.	Kayenta Field Clinic Kayenta, AZ 86033	Lorraine John, L.P.N.	Juanita Marshall, R.N.
5.	Sage Memorial Hospital P. O. Box 457 Ganado, AZ 88505	Moreen O'Hara, R.N.	Vicki Pogioli, R.N.
6.	Zuni Public Health Service Hospital Zuni, NM 87327	Eleanor Wato, R.N.	No Replacement

August 25-29, 1975

	Hospital	Nurse Trainee	Replacement Nurse
1.	Shiprock Public Health Service Hospital P. O. Box 68 Shiprock, NM 87420	Anita Bangcroft, R.N.	Cecilia Keller, R.N.

2.	Tuba City Public Health Service Hospital Tuba City, AZ 86045	Vera Goudette, R.N.	Sharon Stadel, R.N.
3.	Winslow Public Health Service Hospital Winslow, AZ 86047	Cady Crismon, R.N.	Vicki Pogioli, R.N.
4.	Chinle Field Clinic Chinle, AZ 86503	Ella Lee, L.P.N.	Susan Temple, R.N.
5.	Holbrook Municipal Hospital Holbrook, AZ 86025	Luann Jones, R.N.	Juanita Marshall, R.N.

September 2-5, 1975

	Hospital	Nurse Trainee	Replacement Nurse
1.	Gallup Public Health Service Hospital P. O. Box 1337 Gallup, NM 87301	Bessie Spicer, R.N.	Cecilia Keller, R.N.
2.	Crownpoint Public Health Service Hospital Crownpoint, NM 87313	Dorothy Miller, R.N.	Susan Temple, R.N.
3.	Keams Canyon Public Health Service Hospital Keams Canyon, AZ 86034	Susan Cody, R.N.	Sharon Stadel, R.N.
4.	Kayenta Field Clinic Kayenta, AZ 86033	Lorraine John, L.P.N.	Juanita Marshall, R.N.
5.	Sage Memorial Hospital P. O. Box 457 Ganado, AZ 88505	Moreen O'Hara, R.N.	Vicki Pogioli, R.N.

September 8-12, 1975

	Hospital	Nurse Trainee	Replacement Nurse
1.	Shiprock Public Health Service Hospital P. O. Box 68 Shiprock, NM 87420	Anita Bangcroft, R.N.	Cecilia Keller, R.N.

2.	Tuba City Public Health Service Hospital Tuba City, AZ 86045	Vera Goudette, R.N.	Sharon Stadel, R.N.
3.	Winslow Public Health Service Hospital Winslow, AZ 86047	Cady Crismon, R.N.	Vicki Pogioli, R.N.
4.	Chinle Field Clinic Chinle, AZ 86503	Ella Lee, L.P.N.	Susan Temple, R.N.
5.	Holbrook Municipal Hospital Holbrook, AZ 86025	Luann Jones, R.N.	Juanita Marshall, R.N.
6.	Zuni Public Health Service Hospital Zuni, NM 87327	Eleanor Wato, R.N.	No Replacement

APPENDIX II

Replacement Nurse Orientation Schedule

Rural Critical Care Nurse Training Project

Four-Corners Project

Orientation Format for Replacement Nurses
August 4-8, 1975

Monday **August 4, 1975**	
9-12 Noon	Get acquainted Review schedule for week Review scope of work for project Explain source of funding Other activities of NMRMP Explain procedure for per diem, pay, etc.
12-1 p.m.	Lunch
1-4 p.m.	Navajo Culture Navajo Health Problems (Mrs. Kirk)
Tuesday **August 5, 1975**	
9-10 a.m.	Personnel - Mary Sanchez
10-12 Noon	Firm up hospital assignments Schedule travel, make appointments for orientation visits during week of August 11
12-1 p.m.	Lunch
1-4 p.m.	List expectations of role Outline areas of interests, needs, set goals, using six-step planning method. (See attached sheet)
Wednesday **August 6, 1975**	
8-10:30 a.m.	Review use of Bird and Bennett respirators. (Respiratory Therapy department - BCMC - Gretchen)

Wednesday Cont.

10:30-12 Noon	Review course curriculum Behavioral objectives for nurse trainees
12-1 p.m.	Lunch
1-3 p.m.	Discuss methods of Evaluation

Thursday
August 7, 1975

9-12 Noon	Review and Practice CPR Defibrillation Emergency Childbirth
12-1 p.m.	Lunch
1-3 p.m.	Review Coronary Care Recognition and Rx of life-threatening arrhythmias
3-4 p.m.	Practice starting IV's with Angiocath

Friday
August 8, 1975

10-12 Noon	Orientation to IHS organization (Sue Dahlman, R.N., Window Rock)
12-1 p.m.	Lunch
1-3 p.m.	Finalize travel arrangements

I. ROLE OF REPLACEMENT NURSE

II. INTERESTS, NEEDS AREA

A. 1. Replace Nurse Trainee - assume nurse trainee routine duties and responsibilities

B. 1. Setting an example
2. Representation of UNM
3. Remain neutral if possible

C. 1. Anticipate some resistance on part of staff
2. Only two weeks at each place vs. four
3. Use to a lot of other people coming "Just another program."
4. Their expectations may not be same as what "ours" are
5. Little trust in beginning
6. Frustration on part of replacement nurse
7. May be "shocked" as to what I'll see or have to do

D. 1. Teaching new techniques
2. Help give assistance in problem areas on the spot
3. Stimulate rest of hospital staff with new ideas, etc
4. Creating an atmosphere conducive to learning
5. Knowing when to suggest change - How pushy should you get? When?

E. 1. Identifying weak areas for evaluation
2. Interaction with rest of hospital staff - help identify their needs for CE
3. Will have to think fast - rapid assessment

F. 1. Having fun - entertainment, social life

G. 1. Cultural exchange
2. Considering culture - can't expect immediate response

H. 1. Learning their technique - procedure in rural area - learning experience for replacement nurse

I. 1. Get support from physicians

III. GOALS

A. To assume the routine duties and responsibilities of the nurse trainee

B. To set an example

1. Representing UNM-RMP
2. We are not "big shots," being humble
3. Assuming a neutral position while in the rural hospital
4. Our example as a nurse may not be what rural hospital expects

C. To teach

1. New techniques
2. Provide on the spot assistance for problem areas
3. Stimulate change, i.e., new ideas, motivation, interest
4. Create atmosphere conducive to learning.
5. Being aware of time limitation
6. Knowing when to suggest change - not being pushy

D. To be aware of the frustrations involved with being a replacement nurse

1. Assessing their expectations relative to ours
2. Be aware of their attitude "Just another program."
3. Awareness of possible lack of trust in beginning
4. Anticipate some resistance
5. Time limitation (only two weeks at each hospital)
6. Preparing oneself for unexpected happenings (must be flexible!)

E. To evaluate

1. Identify weak areas
2. Identify and assess the continuing education needs for RN's, LPN's (career mobility - can LPN's accept role of being an RN?)
3. Rapid assessment

F. To obtain physician support

1. Support nurse trainee when returns from course
2. Also, administrative support

G. Cultural exchange

1. Consider differences in reaction

H. To consider role of replacement nurse as a learning and growing experience

I. To have fun

APPENDIX III

Results of Nurse Trainee Self Assessment of Skills

Part II - Pre-Course - Self Assessment of Skills

Please rate the following skills (Circle 1 - 2 - or 3)

		Know how. Do not need to be taught	Need refresher and practice	Do not know how to perform but need to know
1.	CPR	1(1)	2(10)	3
2.	Defibrillation	1(1)	2(8)	3(2)
3.	12 Lead EKG	1	2(4)	3(6)
4.	Application of Electrodes for Cardiac Monitoring	1(2)	2(7)	3(2)
5.	Recognition of life-threatening arrhythmias on monitor and rhythm strips	1(1)	2(6)	3(4)
6.	Calculate heart rate using rhythm strips	1(2)	2(5)	3(4)
7.	Endotracheal Intubation	1	2(6)	3(5)
8.	Oropharyngeal airway	1(3)	2(5)	3(3)
9.	Esophageal airway	1	2(4)	3(7)
10.	Use of Ambu bag and mask	1(4)	2(7)	3
11.	Nasotracheal, endotracheal, and oropharyngeal suctioning	1(3)	2(7)	3(1)
12.	Lung sounds - practice listening	1(1)	2(5)	3(5)
13.	Starting IV's with Angiocath/medicut	1(3)	2(3)	3(5)
14.	Immobilization techniques for neck and spine	1	2(7)	3(4)
15.	Splinting techniques for fractures	1	2(8)	3(3)
16.	Measuring CVP	1(1)	2 (6)	3(4)
17.	Use of Bird or Bennett Respirator	1	2 (7)	3(4)

APPENDIX IV

Nurse Trainee Post-Course Evaluation Form

NEW MEXICO REGIONAL MEDICAL PROGRAM
RURAL CRITICAL CARE NURSE TRAINING COURSE
Four-Corners Project

Post-Course Evaluation By Trainee

Now that you have completed both weeks of the course, we would like you to answer the following questions. Your comments will assist us a great deal in evaluating the effectiveness of this project. Thank you for your assistance.

Part I

1. Why did you enroll for this course? What did you hope to gain?

2. How well would you say this course fulfilled your expectations?

   Completely _____
   To a large extent _____
   Only partially _____
   Not at all _____

3. a. Considering everything (instructors, room, time of day, day of week, administrative arrangements) what would you say was the worst feature of this course?

   b. And what was the best, or most attractive feature?

4. At this time, do you see any ways in which this course has been, or can be, helpful to you on the job, in your everyday living, or in other ways?

5. Will you be responsible for doing any inservice programs in your hospital as a result of taking this course?

6. If another course were done such as this, would you prefer the nurse trainee coming to Albuquerque for the training or to have a team come to your area?

7. Was there too much material presented during the two weeks? If so, how would you suggest it be arranged if another two-week course such as this were to be done? What topics would you delete?

8. In addition to everything you said above, do you have any other comments on this course?

Part II

In the lecture and discussion portion of the course, check below if 1 - already knew, too much time was spent; 2 - time spent was adequate and necessary, feel more comfortable using knowledge than before course; 3 - too little time was spent in that specific area, feel should know better.

1.	Anatomy and physiology of heart	1	2	3
2.	Pathophysiology of heart	1	2	3
3.	Electrophysiology	1	2	3
4.	Introduction to EKG interpretation	1	2	3
5.	Life-threatening arrhythmias	1	2	3
6.	Correlation of electro-mechanical activity	1	2	3
7.	Cardiopulmonary resuscitation	1	2	3
8.	Defibrillation	1	2	3
9.	12 Lead EKG	1	2	3
10.	Anatomy and physiology of lung	1	2	3
11.	Respiratory assistance	1	2	3
12.	Triage	1	2	3
13.	Assessment of ER patient	1	2	3
14.	Crash cart, standing orders	1	2	3
15.	Recognition of shock	1	2	3
16.	Pathophysiology of shock	1	2	3
17.	Treatment of shock	1	2	3
18.	Poisonings	1	2	3
19.	Overdose	1	2	3
20.	Neuro assessment	1	2	3
21.	Head trauma	1	2	3
22.	Spinal Cord injury	1	2	3
23.	Unconscious patient	1	2	3

Part II Cont.

24.	Chest trauma	1	2	3
25.	Abdominal trauma	1	2	3
26.	Orthopedic emergencies			
	a. Fractures	1	2	3
	b. Dislocations	1	2	3
	c. Soft-tissue injuries-wound care	1	2	3
27.	Environmental injuries - bites, stings	1	2	3
28.	Burns	1	2	3
29.	Diabetic Ketoacidosis	1	2	3
30.	Insulin shock	1	2	3
31.	Seizures	1	2	3
32.	DT's	1	2	3
33.	Complications of pregnancy	1	2	3
34.	Emergency childbirth	1	2	3
35.	Neonatal emergencies	1	2	3
36.	Pediatric emergencies	1	2	3

Part III

In the Lab session portion of the course, check below if 1 - already knew, too much time was spent; 2 - time spent was adequate and necessary, feel more comfortable using knowledge than before course; 3 - too little time was spent in that specific area, feel should know better.

1.	CPR	1	2	3
2.	Defibrillation	1	2	3
3.	12 Lead EKG	1	2	3
4.	Application of electrodes for cardiac monitoring	1	2	3
5.	Recognition of life-threatening arrhythmias on monitor and rhythm strips	1	2	3
6.	Calculate heart rate using rhythm strips	1	2	3

Part III Cont.

7. Endotracheal Intubation	1	2	3
8. Airways			
a. Oropharyngeal	1	2	3
b. Esophageal	1	2	3
9. Use of ambu bag and mask	1	2	3
10. Nasotracheal, endotracheal, and oropharyngeal suctioning	1	2	3
11. Lung sounds - practice listening	1	2	3
12. Starting IV's with Angiocath	1	2	3
13. Immobilization techniques for neck and spine	1	2	3
14. Splinting techniques for fractures	1	2	3
15. Measuring CVP	1	2	3
16. Use of Bird or Bennett Respirator	1	2	3

APPENDIX V

Results of Nurse Trainee Evaluation Post-Course

Part II

In the lecture and discussion portion of the course, check below if 1 - already knew, too much time was spent; 2 - time spent was adequate and necessary, feel more comfortable using knowledge than before course; 3 - too little time was spent in that specific area, feel should know better.

1.	Anatomy and physiology of heart	1(2)	2(8)	3(1)
2.	Pathophysiology of heart	1	2(9)	3(1)
3.	Electrophysiology	1	2(6)	3(4)
4.	Introduction to EKG interpretation	1	2(7)	3(3)
5.	Life-threatening arrhythmias	1	2(6)	3(4)
6.	Correlation of electro-mechanical activity	1	2(8)	3(2)
7.	Cardiopulmonary resuscitation	1	2(8)	3(2)
8.	Defibrillation	1(1)	2(7)	3(2)
9.	12 Lead EKG	1(1)	2(5)	3(3)
10.	Anatomy and physiology of lung	1(1)	2(7)	3(1)
11.	Respiratory assistance	1	2(7)	3(3)
12.	Triage	1(1)	2(6)	3(2)
13.	Assessment of ER patient	1	2(7)	3(3)
14.	Crash cart, standing orders	1	2(6)	3(4)
15.	Recognition of shock	1(1)	2(7)	3(2)
16.	Pathophysiology of shock	1	2(8)	3(2)
17.	Treatment of shock	1	2(8)	3(2)
18.	Poisonings	1	2(6)	3(4)
19.	Overdose	1(1)	2(6)	3(3)
20.	Neuro assessment	1	2(9)	3(1)
21.	Head trauma	1	2(8)	3(2)
22.	Spinal Cord injury	1	2(8)	3(2)
23.	Unconscious patient	1	2(8)	3(2)

Part II Cont.

24.	Chest trauma	1	2(7)	3(3)
25.	Abdominal trauma	1	2(7)	3(3)
26.	Orthopedic emergencies			
	a. Fractures	1	2(7)	3(2)
	b. Dislocations	1	2(7)	3(2)
	c. Soft-tissue injuries-wound care	1	2(5)	3(4)
27.	Environmental injuries - bites, stings	1	2(7)	3(3)
28.	Burns	1	2(7)	3(3)
29.	Diabetic Ketoacidosis	1(2)	2(5)	3(3)
30.	Insulin shock	1(2)	2(6)	3(2)
31.	Seizures	1(1)	2(8)	3(1)
32.	DT's	1	2(6)	3(3)
33.	Complications of pregnancy	1(2)	2(5)	3(2)
34.	Emergency childbirth	1	2(7)	3(2)
35.	Neonatal emergencies	1	2(7)	3(2)
36.	Pediatric emergencies	1	2(7)	3(3)

Part III

In the Lab session portion of the course, check below if 1 - already knew, too much time was spent; 2 - time spent was adequate and necessary, feel more comfortable using knowledge than before course; 3 - too little time was spent in that specific area, feel should know better.

1.	CPR	1	2(6)	3(4)
2.	Defibrillation	1(1)	2(6)	3(3)
3.	12 Lead EKG	1	2(7)	3(3)
4.	Application of electrodes for cardiac monitoring	1(1)	2(6)	3(3)
5.	Recognition of life-threatening arrhythmias on monitor and rhythm strips	1	2(5)	3(5)
6.	Calculate heart rate using rhythm strips	1	2(6)	3(4)

Part III Cont.

7.	Endotracheal Intubation	1	2(7)	3(3)
8.	Airways			
	a. Oropharyngeal	1	2(8)	3(2)
	b. Esophageal	1	2(6)	3(3)
9.	Use of ambu bag and mask	1(1)	2(6)	3(2)
10.	Nasotracheal, endotracheal, and oropharyngeal suctioning	1(1)	2(7)	3(2)
11.	Lung sounds - practice listening	1	2(3)	3(6)
12.	Starting IV's with Angiocath	1(4)	2(6)	3
13.	Immobilization techniques for neck and spine	1	2(8)	3(2)
14.	Splinting techniques for fractures	1	2(7)	3(2)
15.	Measuring CVP	1(1)	2(6)	3(3)
16.	Use of Bird or Bennett Respirator	1	2(3)	3(7)

APPENDIX VI

Director of Nursing Evaluation Form

New Mexico Regional Medical Program
Rural Critical Care Nurse Training Project
Four-Corners Project

EVALUATION BY RURAL HOSPITAL DIRECTOR OF NURSING

Name of Hospital_____Date_____

Director of Nursing_____

1. Were there any noticeable changes the nurse trainee was able to institute while taking the course?

2. Do you plan to utilize the nurse trainee any differently when the course has been completed? If so, please explain.

3. How did the replacement nurse influence the operation of your hospital? (For example, change in attitudes by hospital staff.)

4. How did the replacement nurse fit into your schedule?

5. Were there any specific problems encountered by you in having a replacement nurse work in your hospital? If so, please list and offer any suggestions to solve those problems.

6. How did the rest of the hospital staff react to the replacement nurse?

7. If a replacement nurse would not have been available, could you still have participated in this program?

8. Would you be willing to participate in a program such as this if it were offered again?

9. What are your suggestions for future programs?

   a. Another course on emergency care?

   b. What are other needs for CE in nursing?

10. Additional comments.

APPENDIX VII

Replacement Nurse General Overview Form

New Mexico Regional Medical Program
Rural Critical Care Nurse Training Course
Four-Corners Project

FINAL EVALUATION BY REPLACEMENT NURSE
General Overview of Role

1. List positive aspects of the role of the replacement nurse.

2. List negative aspects of the role.

3. Give your general overall impression of this project, indicating your suggestions for changes and development.

4. Would you consider being a replacement nurse again at some future date and/or would you recommend it to a friend?

APPENDIX VIII

Replacement Nurse Evaluation Form
of Each Hospital Assignment

New Mexico Regional Medical Program
Rural Critical Care Nurse Training Course
Four-Corners Project

FINAL EVALUATION BY REPLACEMENT NURSE

Name of Hospital _____

1. Was the orientation session held in August adequate on the part of the New Mexico Regional Medical Program? Please indicate any changes or additions you feel should be made in the initial orientation if this project would be done again.

2. Was the initial orientation session in August adequate on the part of the rural hospital? Please explain.

3. Did you feel accepted by:

   a. Hospital administrator - Service Unit Director

   b. Medical staff

   c. Nursing staff

   d. Patients

   e. Community

   If not, explain.

4. Did you feel restricted in the role of being a replacement nurse? If so, list.

5. How did you influence the operation of the hospital?

6. What was the feedback from the director of nursing and the rest of the hospital staff concerning the nurse trainees impact in the hospital after each session and at the end of the entire course?

7. List any inservice programs that you conducted, either to entire staff or on an individual basis. Please give topic and date.

8. Did you feel useful in stimulating ongoing education for other levels (nurse aides and LPN's)?

9. What are the impressions you have received from the rural hospital's nursing staff concerning CE?

   a. Is it readily available?

   b. Is there an interest in CE?

9. Cont.

c. What are the difficulties in obtaining CE: i.e., distances, financial, staffing?

d. List any inservice that you attended and evaluate.

10. Indicate your impression of the community by answering the following:

a. While staying in rural community, what was your impression during off duty hours regarding social aspects?

b. What is your impression of other health programs and resources in rural community?

(1) EMS system:

(2) Influence of professional nursing associations, such as New Mexico Nurses Association or Arizona Nurses Association:

c. Availability of outside resources?

11. Other comments.

APPENDIX IX

Agenda and List of People Present
at Post-Course Conference

Rural Critical Care Nurse Training Project

Agenda, September 16, 1975

10:00 a.m.	Welcome Introduction
10:15 a.m.	Report on Course Budget
10:30-11:00 a.m.	Identify Any Specific Problem Areas with Present Course Suggestions for Change If Such A Course Were Done Again
11:00-12:00 noon	Assessment of Rural Hospitals Needs for CE
12:00-1:00 p.m.	Lunch
1:00-2:00 p.m.	Determine Possible Methods for Obtaining CE
2:00-3:00 p.m.	Small Group Sessions with Replacement Nurses and Nurse Trainees -Identify specific problems replacement nurse had -Obtain additional feedback from nurse trainee on effectiveness of course -Feedback from replacement nurse as to her role in project

Rural Critical Care Nurse Training Project

Four-Corners Area

The following people were present at the post-course evaluation meeting on September 16, 1975 in Ganado, Arizona.

Joan Baker Maloff, R.N., Training Director
Rural Critical Care Nurse Training Project
New Mexico Regional Medical Program
University of New Mexico
Albuquerque, NM 87131

Judy Berner, R.N.
Director of Nursing
Sage Memorial Hospital
P. O. Box 457
Ganado, AZ 88505

Lilly Bradley, R.N.
Director of Nursing
Tuba City Public Health
Service Hospital
Tuba City, AZ 86045

Lois Bretag, R.N.
Assistant Director of Nursing
Gallup Public Health Service
Hospital
P. O. Box 1337
Gallup, NM 87301

Susan Cody, R.N.
Nurse Trainee
Keams Canyon Public Health
Service Hospital
Keams Canyon, AZ 86034

Vi Coplin, R.N.
Assistant Director of Nursing
Holbrook Municipal Hospital
Holbrook, AZ 86025

Cady Crismon, R.N.
Nurse Trainee
Winslow Public Health
Service Hospital
Winslow, AZ 86047

Jane Curtis, R.N.
Acting Director of Nursing
Crownpoint Public Health
Service Hospital
Crownpoint, NM 87313

Vera Goudette, R.N.
Nurse Trainee
Tuba City Public Health
Service Hospital
Tuba City, AZ 86045

Sister Margaret Imes, R.N.
Director of Nursing
Chinle Field Clinic
Chinle, AZ 86503

Lorraine John, L.P.N.
Nurse Trainee
Kayenta Field Clinic
Kayenta, AZ 86033

LuAnn Jones, R.N.
Nurse Trainee
Holbrook Municipal Hospital
Holbrook, AZ 86025

Cecilia Keller, R.N.
Replacement Nurse
Rural Critical Care Nurse
Training Project
New Mexico Regional Medical
Program, University of
New Mexico
Albuquerque, NM 87131

Ella Lee, L.P.N.
Nurse Trainee
Chinle Field Clinic
Chinle, AZ 86503

Juanita Marshall, R.N.
Replacement Nurse
Rural Critical Care Nurse
Training Program
New Mexico Regional Medical
Program, University of
New Mexico
Albuquerque, NM 87131

Dorothy Miller, R.N.
Nurse Trainee
Crownpoint Public Health
Service Hospital
Crownpoint, NM 87313

Susan Morrissette, R.N.
Nurse Supervisor
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Kayenta, AZ 86033

Maureen O'Hara, R.N.
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P. O. Box 457
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Vicki Pogioli, R.N.
Replacement Nurse
Rural Critical Care Nurse
Training Project
New Mexico Regional Medical
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Lydia Pourier, R.N., M.P.H.
Director, Nursing Education
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Navajo Health Authority
P. O. Box 643
Window Rock, AZ 86515

Nell Redwood, R.N.
Inservice Director and
Associate Director of
Nursing
Winslow Public Health
Service Hospital
Winslow, AZ 86047

DeAlva Schneck, R.N.
Acting Director of Nursing
Keams Canyon Public Health
Service Hospital
Keams Canyon, AZ 86034

Bessie Spicer, R.N.
Nurse Trainee
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Sharon Stadel, R.N.
Replacement Nurse
Rural Critical Care Nurse
Training Project
New Mexico Regional Medical
Program, University of
New Mexico
Albuquerque, NM 87131

Susan Temple, R.N.
Replacement Nurse
Rural Critical Care Nurse
Training Project
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Program, University of New
Mexico
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Eleanor Wato, R.N.
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